

**State:** Illinois **Filing Company:** NCMIC Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0003 Chiropractic  
**Product Name:** Chiropractic Malpractice  
**Project Name/Number:** /

## Filing at a Glance

Company:	NCMIC Insurance Company
Product Name:	Chiropractic Malpractice
State:	Illinois
TOL:	11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOL:	11.0003 Chiropractic
Filing Type:	Rule
Date Submitted:	07/14/2014
SERFF Tr Num:	NCMA-129629866
SERFF Status:	Closed-Filed
State Tr Num:	
State Status:	
Co Tr Num:	2014 SLD REMOVAL ENDORSEMENTS - RULE
Effective Date	12/01/2014
Requested (New):	
Effective Date	12/01/2014
Requested (Renewal):	
Author(s):	Jacquie Anderson, Juli Frank, Kyle Nielsen, Emily Harper
Reviewer(s):	Gayle Neuman (primary)
Disposition Date:	07/16/2014
Disposition Status:	Filed
Effective Date (New):	12/01/2014
Effective Date (Renewal):	12/01/2014

State Filing Description:

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## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 07/16/2014  
State Status Changed: Deemer Date:  
Created By: Kyle Nielsen Submitted By: Kyle Nielsen  
Corresponding Filing Tracking Number:

### Filing Description:

NCMIC Insurance Company currently has on filed with the Illinois Department of Insurance a claims made and occurrence chiropractic malpractice professional liability program. At this time we are proposing revisions to that program effective 12/01/2014. Please see the attached explanatory memorandum for details on the revision.

## Company and Contact

### Filing Contact Information

Kyle Nielsen, Compliance Analyst knielsen@ncmic.com  
14001 University Avenue 515-313-4691 [Phone]  
Clive, IA 50325 515-313-4476 [FAX]

### Filing Company Information

NCMIC Insurance Company	CoCode: 15865	State of Domicile: Iowa
14001 University Ave	Group Code: 2638	Company Type:
Clive, IA 50235	Group Name:	Property/Casualty
(800) 321-7015 ext. [Phone]	FEIN Number: 42-0635534	State ID Number:

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

## State Specific

Refer to our checklists prior to submitting filing ([http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)): Y  
Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Y

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) : NA

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Y

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines,

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Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": NA

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: NA

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	07/16/2014	07/16/2014

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	07/15/2014	07/15/2014

### Response Letters

Responded By	Created On	Date Submitted
Kyle Nielsen	07/15/2014	07/15/2014

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Illinois Claims Made and Occurrence Chiropractic Professional Liability Manual	Kyle Nielsen	07/16/2014	07/16/2014
Supporting Document	Manual	Kyle Nielsen	07/16/2014	07/16/2014

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## Disposition

Disposition Date: 07/16/2014  
Effective Date (New): 12/01/2014  
Effective Date (Renewal): 12/01/2014  
Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document (revised)	Manual		Yes
Supporting Document	Manual		Yes
Rate (revised)	Illinois Claims Made and Occurrence Chiropractic Professional Liability Manual		Yes
Rate	Illinois Claims Made and Occurrence Chiropractic Professional Liability Manual		Yes

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/15/2014
Submitted Date	07/15/2014
Respond By Date	07/22/2014

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Dear Kyle Nielsen,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/15/2014
Submitted Date	07/15/2014

Dear Gayle Neuman,

**Introduction:**

Thank you for your response.

**Response 1**

**Comments:**

NCMIC Insurance Company uses NISS for our statistic gathering and reporting.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Please feel free to contact me with any additional questions.

Thank you,

Kyle Nielsen  
515-313-4691

Sincerely,  
Kyle Nielsen

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## Amendment Letter

Submitted Date: 07/16/2014

Comments:

Please see changes in response to the objection to our form filing.

Changed Items:

*No Form Schedule Items Changed.*

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	Illinois Claims Made and Occurrence Chiropractic Professional Liability Manual	Pg. 17	Replacement	NCMA-128942613	07/16/2014 By:
<i>Previous Version</i>					
1	Illinois Claims Made and Occurrence Chiropractic Professional Liability Manual	Pg. 17	Replacement	NCMA-128942613	07/14/2014 By: Kyle Nielsen

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	See attached.
<b>Attachment(s):</b>	Illinois Advantage Rating Manual-07-14 new mark up.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	See attached.
<b>Attachment(s):</b>	Illinois Advantage Rating Manual-07-14 mark up.pdf



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## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Illinois Claims Made and Occurrence Chiropractic Professional Liability Manual	Pg. 17	Replacement	NCMA-128942613	Illinois Advantage Rating Manual-07-14 revised.pdf

### **Dual License – Acupuncture – Oriental Medicine Endorsement (Form 06-2024 05/06)**

This endorsement provides coverage to insured chiropractors who also are licensed or properly certified to practice Acupuncture – Oriental medicine while acting within the scope of their license(s) and/or certifications. Additional application information will be required for approval. The charge for this endorsement is 5% of the base premium.

### **Dual License – Physical Therapy Endorsement (Form 06-2025 05/06)**

This endorsement provides coverage to insured chiropractors who also are licensed or properly certified to practice physical therapy while acting within the scope of their license(s) and/or certifications. Additional application information will be required for approval. There is no charge for this endorsement.

### **Delegation of Certain Policy Rights Endorsement (Form 06-2026 04/07)**

This optional endorsement allows an insured to delegate certain policy rights to his or her employer.

### **Dual License – Massage Therapy Endorsement (Form 06-2027 06/07)**

This endorsement provides coverage to insured chiropractors who also are licensed or properly certified to practice massage therapy while acting within the scope of their license(s) and/or certification(s). Additional application information will be required for approval. There is no charge for this endorsement.

### **Illinois Cancellation of Supplemental Legal Defense Endorsement (Form 06-2034IL 07/14)**

This endorsement is used to remove coverage under the Supplemental Legal Defense Endorsement.

### **Illinois Supplemental Payments Amendatory Endorsement (Form 06-2035IL 07/14)**

This endorsement amends the Supplementary Payments section of the policy by removing coverage for legal fees and expenses to defend an insured chiropractor in a revocation, suspension or disciplinary actions before the State Licensing Board.

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	See attached.
<b>Attachment(s):</b>	Explanatory Memo.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Form RF3 - (Summary Sheet)
<b>Bypass Reason:</b>	No rate impact in this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certification
<b>Bypass Reason:</b>	Not a rate filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Bypass Reason:</b>	Not requested.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	See attached.
<b>Attachment(s):</b>	Illinois Advantage Rating Manual-07-14 new mark up.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

## Explanatory Memo

### NCMIC Insurance Company – 2014 SLD Removal Endorsements

- Addition of new **Cancellation of Supplemental Legal Defense Endorsement 06-2034 07/14.**
- Addition of new **Supplementary Payment Amendatory Endorsement 06-2035 07/14.**
- Rating Manual Revisions:
  - Edition date changed to 07/14.
  - Addition of new **Cancellation of Supplemental Legal Defense Endorsement 06-2034 07/14** and **Supplementary Payment Amendatory Endorsement 06-2035 07/14.**

**Dual License – Acupuncture – Oriental Medicine Endorsement (Form 06-2024 05/06)**

This endorsement provides coverage to insured chiropractors who also are licensed or properly certified to practice Acupuncture – Oriental medicine while acting within the scope of their license(s) and/or certifications. Additional application information will be required for approval. The charge for this endorsement is 5% of the base premium.

**Dual License – Physical Therapy Endorsement (Form 06-2025 05/06)**

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**Delegation of Certain Policy Rights Endorsement (Form 06-2026 04/07)**

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**Illinois Supplemental Payments Amendatory Endorsement (Form 06-2035IL 07/14)**

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/14/2014		Rate	Illinois Claims Made and Occurrence Chiropractic Professional Liability Manual	07/16/2014	Illinois Advantage Rating Manual-07-14.pdf (Superceded)
07/10/2014		Supporting Document	Manual	07/16/2014	Illinois Advantage Rating Manual-07-14 mark up.pdf (Superceded)

### **Dual License – Acupuncture – Oriental Medicine Endorsement (Form 06-2024 05/06)**

This endorsement provides coverage to insured chiropractors who also are licensed or properly certified to practice Acupuncture – Oriental medicine while acting within the scope of their license(s) and/or certifications. Additional application information will be required for approval. The charge for this endorsement is 5% of the base premium.

### **Dual License – Physical Therapy Endorsement (Form 06-2025 05/06)**

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### **Delegation of Certain Policy Rights Endorsement (Form 06-2026 04/07)**

This optional endorsement allows an insured to delegate certain policy rights to his or her employer.

### **Dual License – Massage Therapy Endorsement (Form 06-2027 06/07)**

This endorsement provides coverage to insured chiropractors who also are licensed or properly certified to practice massage therapy while acting within the scope of their license(s) and/or certification(s). Additional application information will be required for approval. There is no charge for this endorsement.

### **Cancellation of Supplemental Legal Defense Endorsement (Form 06-2034 07/14)**

This endorsement is used to remove coverage under the Supplemental Legal Defense Endorsement.

### **Supplemental Payments Amendatory Endorsement (Form 06-2035 07/14)**

This endorsement amends the Supplementary Payments section of the policy by removing coverage for legal fees and expenses to defend an insured chiropractor in a revocation, suspension or disciplinary actions before the State Licensing Board.

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